CLAIMS ONLY

Application Number	Filing Date
10761711	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1		Cancel					51						
2							52						
3							53						
4							54						
5							55						
6		Cancel					56						
7							57						
8							58						
9		Cancel					59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17		Cancel					67						
18							68						
19							69						
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21							71						
22							72						
23							73						
24							74						
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26							76						
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29							79						
30							80						
31							81						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	4						Total Indep						
Total Depend	5						Total Depend						
Total Claims	9						Total Claims						